F24000000785

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400418528864

11/08/23--01007--004 **70.00

02/13/24--01020--001 **300.00

2024 FEB 13 PM 2: 16



January 23, 2024

MARSHALL DELGADO 420 RIVER ROAD NORTH ARLINGTON, NJ 07031 US

SUBJECT: DELL PAINTING CORP. Ref. Number: W23000156307

We have received your document for DELL PAINTING CORP. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$300.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 524A00001371

STANTON H ROBERTS Regulatory Specialist III

www.sunbiz.org

COVER LETTER

	ration Section			
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SUBJECT:	·	-6		
	Name (or corporation -	must include suffix	
Dear Sir or Ma	dam:			
"Certificate of	Existence," or "Certificate	of Good Stand	ing" and check are submitte	
Please return a	ll correspondence concerni	ng this matter t	o the following:	
Marshall Delgae	Pertificate of Existence," or "Certificate of Good Standing" and check are submitted to register the over referenced foreign corporation to transact business in Florida. Pease return all correspondence concerning this matter to the following: Parshall Delgado Name of Person Firm/Company O River Road Address Orth Arlington, NJ 07031 City/State and Zip code idelgado@dellpainting.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:			
	Name of corporation - must include suffix Sir or Madam: Inclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida. In return all correspondence concerning this matter to the following: all Delgado Name of Person Address Arlington, NJ 07031 City/State and Zip code Reado@dellpainting.com E-mail address: (to be used for future annual report notification) In their information concerning this matter, please call: all Delgado Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL OD Fliling Fee 378.75 Filling Fee			
Dell Painting Co	Name of corporation - must include suffix Sir or Madam: enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ifficate of Existence," or "Certificate of Good Standing" and check are submitted to register the enterferenced foreign corporation to transact business in Florida. e return all correspondence concerning this matter to the following: hall Delgado Name of Person Painting Corp Firm/Company Liver Road Address Address Address Arlington, NJ 07031 City/State and Zip code lgado@dellpainting.com E-mail address: (to be used for future annual report notification) Jurther information concerning this matter, please call: hall Delgado Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Desed is a check for the following amount: emake check payable to: FLORIDA DEPARTMENT OF STATE			
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		Addres		
North Arlington	. NJ 07031			
	,	City/State and	1 7 in code	
mjdelgado@del	lpainting.com	011,7101.01.01	- 2.p +000	
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For further infe	ormation concerning this m	atter, please ca	II:	
Marshall Delgae	do	201	998-0700	
Name		Area Code	·	Number
Regist Division The Co 2415 N	ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		Registration Section Division of Corpo P.O. Box 6327	on rations
Please make che	ck payable to: FLORIDA DIng Fee	EPARTMENT (g Fee &	\$78.75 Filing Fee & 🗆	Certificate of Status &

DEC 1 1 2023

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

w of which it is incorporated) 5. ion) 2022 (Date first transacted business in ESECTIONS 607.1501 & 607.1 e 523, Fort Lauderdale, FL 3336 (Principal off	(FEI number, if application) (Date of duration, if other than in Florida, if prior to registration) 502, F.S., to determine penalty liability) 04 fice street address)		— —
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derdale	——————————————————————————————————————	Fig. 4	D
(City)	(Zip code)		
	hore Drive, Unit 403 derdale (City) ance: ered agent and to accept serv, I hereby accept the appoint the provisions of all statutes	hore Drive, Unit 403 derdale , Florida 33304 (City) (Zip code) ance: ered agent and to accept service of process for the above stated co, I hereby accept the appointment as registered agent and agree t	Florida registered agent: (P.O. Box NOT acceptable) Delgado hore Drive, Unit 403 derdale (City) (City) ance: ered agent and to accept service of process for the above stated corporation at the provisions of all statutes relative to the proper and complete performance of

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Marshall Delgado Zí Chairman Name: Name: ☐ Chairman □ Vice Chairman Address: 720 Bayshore Drive Address: □ Vice Chairman Ft. Lauderdale, FL 33304 Director □ Director President ☐ President □Vice President ☐ Vice President □Treasurer ☐ Secretary ☐ Secretary □Treasurer ☐ Other _____ Other _____ □Other _____ □Other _____ ☐ Chairman Name: _____ □ Chairman □Vice Chairman Address: □Vice Chairman Address: Director □ Director ☐ President □ President □Vice President _____ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other _____ Other _____ Other _____ Other _____ Chairman Name: Name: Chairman □Vice Chairman Address: □ Vice Chairman Address: ____ Director Director President ☐ President □ Vice President ___ □Vice President □ Secretary Treasurer ☐ Secretary ☐ Treasurer □ Other _____ Other____ □Other _____ Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your floring Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Marshall Delgads

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

DELL PAINTING CORPORATION

0400644007

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 18, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

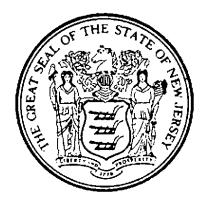
I further certify that the registered agent and office are:

MARSHALL J. DELGADO 420 RIVER ROAD NORTH ARLINGTON, NJ 07031

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 27, 2023.

DIRECTORS

MARSHALL J DELGADO 420 RIVER ROAD NORTH ARLINGTON, NJ 07031



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of November, 2023

Elizabeth Maher Muoio State Treasurer

Shep of Men

Certificate Number: 6148623588

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